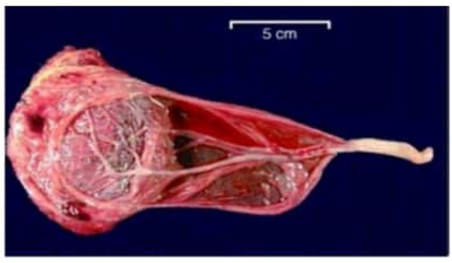
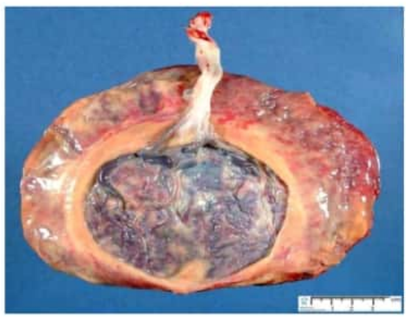
Images in OBG

1. Velamentous Placenta



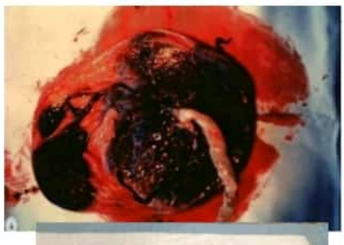
- UC inserted into to the membranes instead of placenta
- If above internal os, lead to vasa previa.
- Mx: Caesarean Section
- Ix: USG Doppler
- Can also cause fetal antepartum hemorrhage, hence no artificial rupture of membranes.

2. Extra-chorial Placenta



- Small functional placenta with unutilized decidua basalis
- Types:
  - Circumvallate: Raised margins present.
  - Circum-marginate: No raised margins
- Can lead to IUGR, oligohydramnios, preterm labour due to small functional mass of placenta.

3. Succenturiate Placenta



- Accessory lobe of placenta
- Can lead to post-partum hemorrhage due to retained lobe of placenta.
- Mx: Manual removal or postpartum curettage.

4. Battledore Placenta

- UC attached to the margin of the placenta
- May cause fetal distress, cord avulsion in 3rd stage of labour.

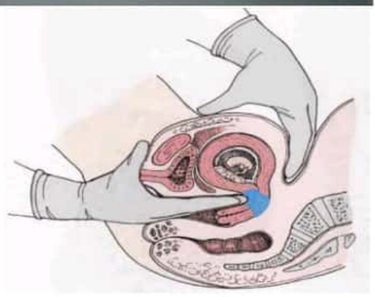
5. Twin to Twin transfusion syndrome

- One placenta with two cords- Monochorionic twin pattern
- Connections between arteries and veins.
- Smaller one is the donor baby and larger one is the recipient baby. Recipient baby has higher mortality d/t CCF.
- IOC: Doppler, TOC: Laser Ablation of AV Malformation.

6. Dichorionic Diamniotic Placenta

- Two placenta, two UC, and a thick septum b/w the two placenta.
- A-C-C-A pattern
- Most Common type in twins, and is with best prognosis
- m/c in monozygotics: MCDA

7. Hegar's sign



- Bimanual examination
- Fingers are approximating indicating softening of the isthmus (Pregnancy)
- Seen in 6-10 weeks POG.

8. Leopold 3

- One hand is used to palpate the lower part of the uterus
- Aka PAWLIK Grip
- If there is empty pawlik grip, it is s/o transverse lie

9. NT Scan

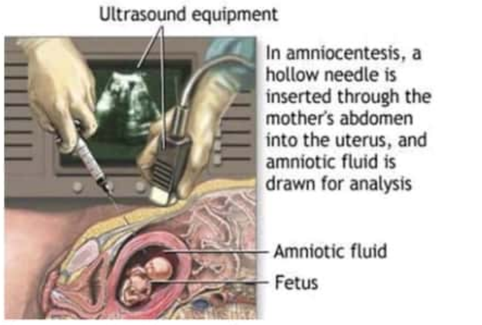
- Done between 11 week to 13 week and 6 days
- Nuchal Translucency scan, sagittal view, and neutral position of the neck.
- Done as a screening procedure for trisomy
- Critical Cutoff- 3mm
- Confirmatory test- Chorionic Villus sampling

10. Key Hole Sign

- Seen in PUV, No urine output
- Bladder of fetus is over distended
- a/w oligohydramnios
- Potter's Sequence: d/t obstruction of the urinary outflow

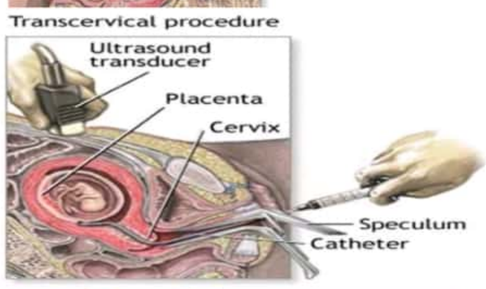
11. Amniocentesis

- Contraindicated in 1st trimester because the amount of amniotic fluid is very less.
- Risk of abortion is 0.2-0.3%, very less than all the other procedures.
- Used to asses lung maturity in the 3rd Trimester.


Ultrasound equipment
In amniocentesis, a hollow needle is inserted through the mother's abdomen into the uterus, and amniotic fluid is drawn for analysis
Amniotic fluid
Fetus

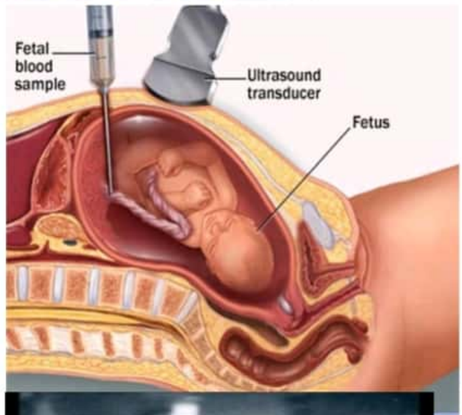
12. Chorion Villus sampling

- Can be done in any trimester
- Transcervical- do only b/w 10 -12 weeks
- Transabdominal- do anytime after 10 weeks.
- Slightly more risky
- Chorion frondosum is taken for analysis



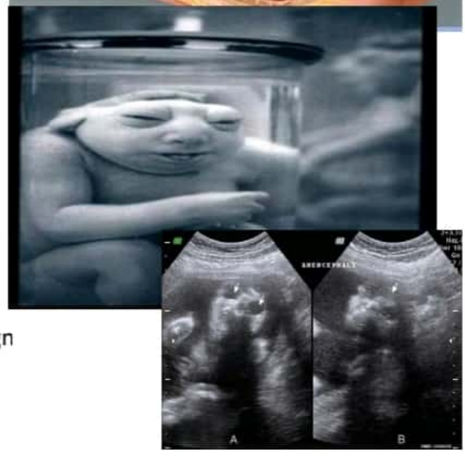
13. Cordocentesis

- Done after 18 weeks
- Umbilical Vein is punctures near the placental end.
- Used for detection and treatment of fetal anemia.
- Can also do intrauterine blood transfusion using this



14. Anencephaly

- Protruding eyeballs, no brain & skull development.
- Mother presents with polyhydramnios because of no swallowing reflex.
- ADH is also missing because of absent fetal HP axis.
- Mx: Termination of Pregnancy
- A/W Folic Acid Deficiency
- USG- Frog like appearance, mickey mouse sign

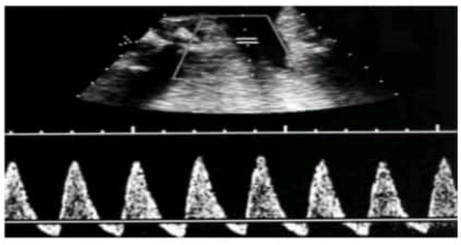


15. Encephalocoeles

- Brain in herniating out of skull bones
- a/w Spina Bifida
- Mother presents with polyhydramnios

16. Reversal of diastolic flow

- In doppler study
- Umbilical artery doppler indicating fetoplacental insufficiency.
- Mx: Termination of pregnancy by emergency LSCS

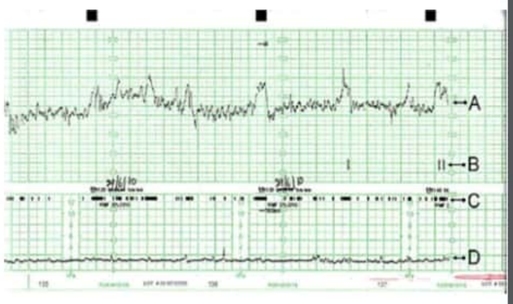


17. Cardiotocogram (Intrapartum monitoring)

- Investigation to measure fetal HR and Uterine contractions.
- Has two probes- Cardio and Toco
- Patient is holding the fetal kick counter in her hand.
- Same as NST done in antepartum period.
- Done only for high risk pregnancies.

18. NST Graph (as Uterine contractions are absent)

- A- Fetal HR
- D- Uterine contractions which is flat
- FHR shows accelerations.
- If ≥2 accelerations in 20-40 mins, its k/a Reactive NST seen in normal baby.
- Acceleration is defined as ≥15 beat increment in 15 second.
- If baby is <32 weeks, acceleration is defined as ≥10 beat increment in 10 second.



19. CTG Graph (as Uterine contractions are present)

- Uterine contractions upto the amplitude of 90 mmHg
- FHR accelerations are synchronised with uterine contractions. Deceleration is gradual.
- Graph indicates early deceleration- physiological- d/t head compression.

20. Late deceleration on CTG

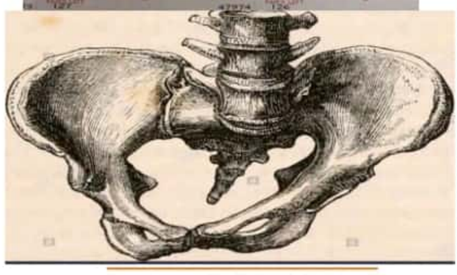
- Gradual decelerations but not in synchrony with the uterine contractions.
- Indicates uteroplacental insufficiency
- Seen in pre-eclampsia, IUGR, maternal hypotension, epidural/spinal anesthesia.

21. Variable deceleration

- Sudden asynchronized decelerations
- d/t UC compression
- Mx: Amnio-infusion.

22. Naegle's pelvis

- One ala of the sacrum is missing



23. Robert's pelvis

- B/L ala of the sacrum is absent

24. Osteomalacic pelvis

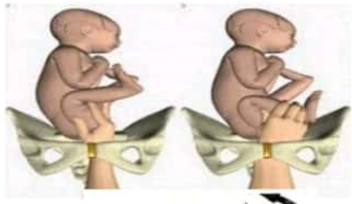
- Deformed pelvis with triradiate inlet
- Contracted pelvis
- Mx: Elective C Section at 39 weeks if no labour onset uptil now.

25. Modified Brandt Andrews Method

- Method for controlled cord traction
- Used in AMTSL
- Other method- Crede Method (Outdated)
- Adv- reduces risk of inversion of uterus

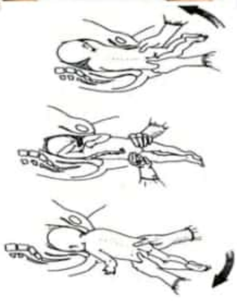
26. Pinard's Maneuver

- Manual unlocking of the popliteal fossa
- Used for extended fetal legs in breech presentation



27. Lovset's maneuver

- To deliver the extended arms



28. Modified Mauriceau Smellie Veit maneuver

- Delivers the aftercoming head
- Fingers are on the cheek bones (malar flexion) and the shoulder is given traction
- Modification- Malar flexion, the original one had jaw flexion.

29. Prague's maneuver

- Aftercoming head delivery with back being posteriorly placed.

30. Mc' Robert's Maneuver

- Hyperflexion at hip joint of the mother along with suprapubic pressure
- Used for shoulder dystocia

31. Wood's Maneuver (Cork-screw)

- Rotational maneuver where anterior shoulder is pushed towards chest.
- Rotation of the baby in a cork screw fashion.
- Used for shoulder dystocia.
- Other is Rubin's technique where the posterior shoulder is pushed towards chest

32. (- no specific name-)

- Forceful delivery of the posterior arm
- A/W fracture of humerus

33. B-Lynch suture

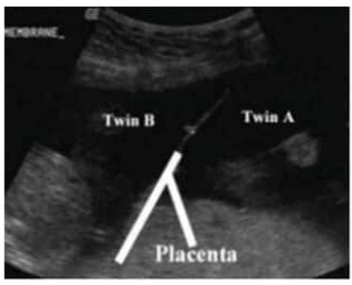
- Atonic PPH treatment
- B-shaped compression suture done during Caesarean section.
- For vaginal delivery- Heyman suture is used.
- Absorbable suture material is used.

34. 4th Degree perineal tear

- Perineal muscles, anal sphincter, anal mucosa all are torn.
- Mx: repair as soon as possible
- Wait for 3 weeks if repair is not done within 24 hrs

35. Lambda Sign

- Aka Twin Peak sign
- Seen by 10-14 weeks.
- Septum thickness of ≥ 2mm
- Seen in DCDA twins.
- Thin septum (MCDA) shows T sign on USG.

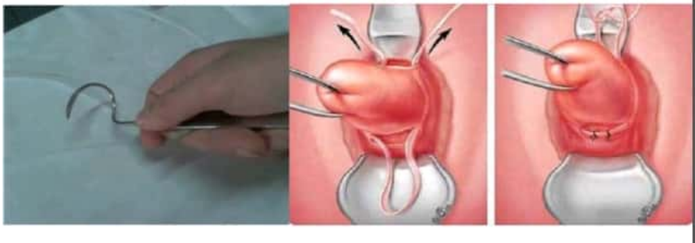


36. Green- Armytage forceps

- Serrated flat broad end.
- Screw and lock are present
- Used to hold the angles of the uterine incision during LSCS.

37. Shirodker's Cervical cerclage & its needle

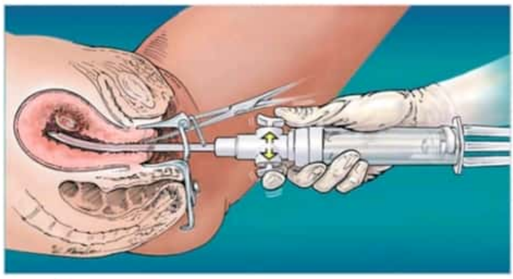
- Curved needle with an eye used to pass a suture or a tape.



- Site- internal os (supravaginal cervix)
- Used for cervical cerclage, which is to be done ideally 12- 14 weeks.
- Can be done upto 24 weeks
- Suture material to be removed at 37 weeks, or at infection or PPROM or preterm labour

38. Manual Vacuum Aspiration Syringe

- Capacity- 60 mL
- Pressure – 660 mmHg
- Used for Suction & Evacuation, which can be done uptil 12 weeks of pregnancy.

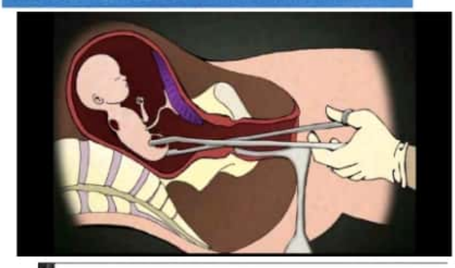


39. Hegar's dilators

- Rapid cervical dilatation
- No. 8 – 8mm diameter
- No. 8 can also be used to diagnose cervical incompetence.

40. Dilatation & Evacuation

- Piecemeal delivery of products of conception
- Done using Ovum Forceps
- Used in 2nd trimester abortions.
- Dilated by Hegar dilator No. 16

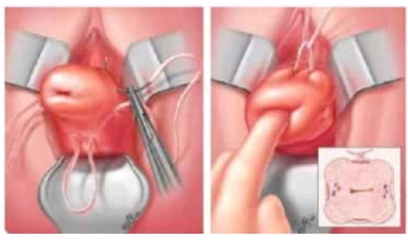


41. Spalding seen

- Seen on USG
- s/o I/U Fetal Death
- Seen after 7 days of death.
- Ball sign- hyperflexion of spine and over crowding of the ribs (seen > 7days)
- Robert's sign- Gas in aorta – seen within 12 hrs.

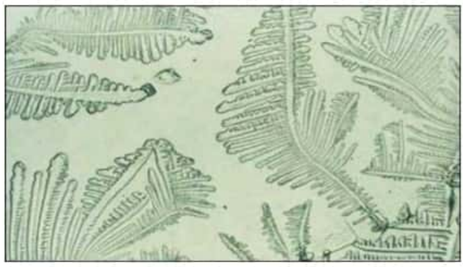
42. Mc' Donald cerclage

- Purse string suture
- Site of suture- at portio vaginalis
- Done w/o opening cervix



43. Ferning pattern

- Cervical mucus test- marker of Estrogenic predominant activity. Seen from 8-18th day.
  - Loss of ferning indicates ovulation
  - Basis of Insler's score
- For identification of PPROM/PROM- ferning pattern of leaking AF in microscopy

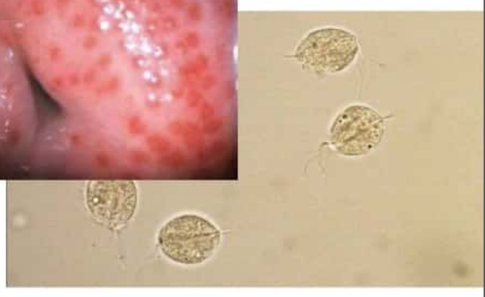


44. Unicornuate Uterus

- HSG done shows banana shaped uterus.
- Dye spill is present
- A/W U/L absent kidney
- With patent fallopian tube.

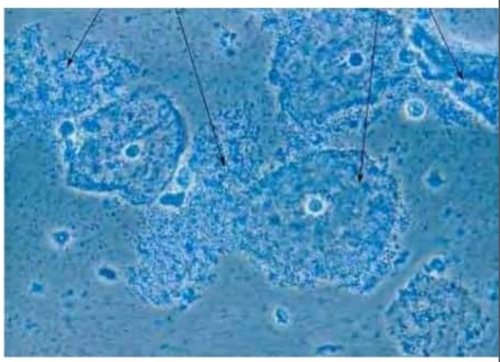
45. Trichomonas Vaginalis infection

- Per speculum examination of cervix.
- Strawberry appearance of cervix
- STI/UTI
- Partner should also be treated
- Yellowish-Green frothy foul smelling discharge.
- DOC- Metronidazole
- Microscopy- Flagellated motile organism



46. Clue cells

- Fishy foul smelling discharge
- Wet mount preparation shows irregular margins
- s/o Gardenella/mycoplasma/ureaplasma infection
- Dx: Bacterial vaginosis
- Not an STI, no partner treatment required
- No inflammation/itching
- AMSEL Criteria +ve
- Vaginal pH >4.5
- DOC: Metronidazole



47. Candida albicans (Candidiasis)

- Wet mount preparation shows pseudohyphae
- s/o Fungal infection
- Curdy Cheesy white discharge
- pH < 4.5
- Inflammation, Itching present
- DOC- Fluconazole, partner treatment reqd.
- GREEN KIT management (No. 2) for all vaginal infections.

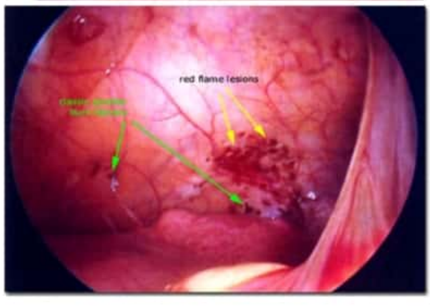
48. Ambiguous genitalia

- MCC- congenital adrenal hyperplasia
- 21 hydroxylase deficiency in the cortisol pathway (most commonly)
- Androgen access.

49. Chocolate cyst

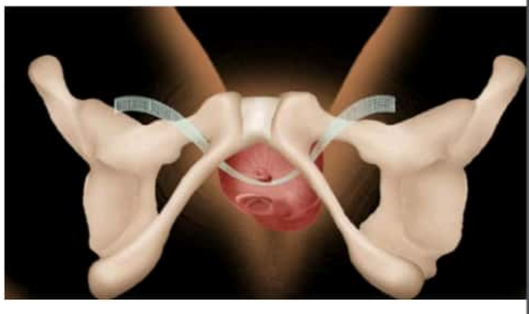
- Seen in endometriosis of ovary
- Depth of the disease determines the symptoms of the disease.

50. Endometriosis



- Powder Burn lesions- inactive/less active lesions of endometriosis
- Red Flame lesions – active lesions
- Median age group – 27 years
- IOC- Laparoscopy
- T/t- Depends on lesion.

51. Trans-obturator Tape (TOT)



- Marcelene tape through the obturator foramen
- Used in Genuine Stress urinary incontinence seen in post-menopausal age group d/t estrogen deficiency
- Dx: Qtip test, Bonney's test

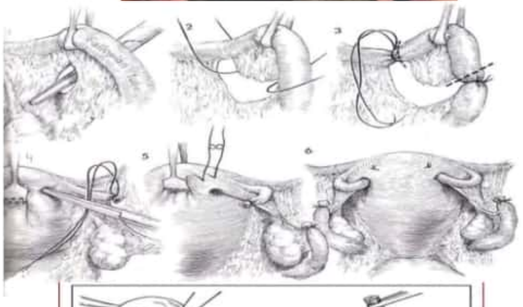
52. Frameless IUD (Gynefix)

- Intrauterine device with copper beads and no frame at all. (4th Gen IUD)
- Polypropylene threads are +nt
- No chances of perforation and less dysmenorrhea.
- Copper is spermicidal and inhibits implantation by causing aseptic chemical endometritis.

53. Female Condom (Femidom)

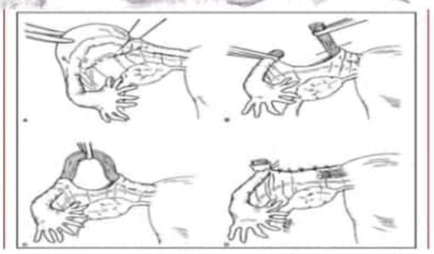
- Protects from STI
- Two rings.

54. Irwing's procedure



- Sterilization procedure
- Medial stump is buried under myometrium
- Failure rate nearly zero.

55. Uchida method



- Medial stum is buried under serosa
- Lateral stump is left open in the peritoneal cavity
- Zero failure rate.

56. Ring of Fire sign on Doppler

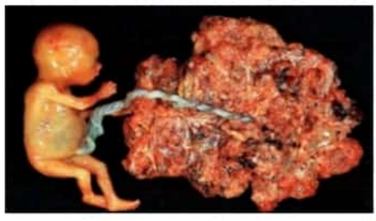
- Seen in ectopic pregnancy
- M/C site of ectopic- ampulla
- M/C site for ectopic rupture- Isthmus
- Rarest ectopic- Caesarean scar ectopic

57. Snow Storm appearance on USG

- Seen in complete molar pregnancy
- TOC- Suction & Evacuation with Beta HCG Monitoring

58. Partial Mole

- Placenta has grape like vesicles
- 69 XXX/XXY/XYY
- TOC- Suction & Evacuation



59. PCOS

- Ovary with multiple follicles arranged in periphery.
- USG-
- 12 or more follicle with 2-9 mm each size +/- inc ovarian volume (>10mL)
  ROTTERDAM Criteria

60. OHSS

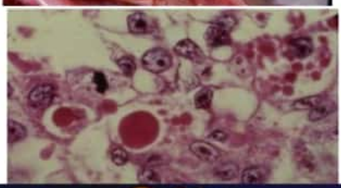
- Massive bosselated follicles
- Distorted ovarian structure
- PCOS pts are high risk for OHSS
- MCC- Gonadotropin therapy

61. Dermoid Cyst

- Presence of hair and teeth
- Benign cystic teratoma
- M/C Benign ovarian tumour in reproductive age group
- TOC- Cystectomy

62. Shiller Duval Bodies

- Containing AFP
- Seen in yolk sac tumor of ovary
- Endodermal sinus tumor
- Worst Prognosis



63. Dysgerminoma

- Solid tumour with areas of hemorrhage and necrosis, Best prognosis
- 2nd M/C GCT after immature teratoma
- M/C ovarian tumor found during pregnancy